

Incident Report

Print Date/Time: 05/08/2016 13:17

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00008618

Incident Date/Time: 5/7/2016 10:33:00 AM

Location: 10400 SR 92

LAKE STEVENS WA 98258

Phone Number: (425) 327-2199

Report Required: No Prior Hazards: No LE Case Number:

Incident Type: Collision
Venue: Lake Stevens

 Source:
 911

 Priority:
 2

 Status:
 2

Nature of Call:

Unit/Personnel

UnitPersonnel19D2SS0132-Kilroy19D3SS0134-Lyons

Person(s)

No. Role Name Address Phone Race Sex DOB 1 Reporting Party WALLS, CYNTHIA (425) 327-2199 12220 127TH AVE Victim MORO, SHAWN DAVID Male 10/11/1962 1 Lake Stevens WA 982588313 Involved Party WHITE, MATTHEW DEAN 20800 57TH PL (360) 631-5655 09/22/1968 Male

Granite Falls WA 982529424

Vehicle(s)

Role Type Year Make Model Color License State
Involved Vehicle AQH1088

Involved Vehicle AQH1088
Involved Vehicle C64203E

Disposition(s)

Disposition Count R 1

Property

Date Code Type Make Model Description Tag No. Item No.

CAD Narrative

05/07/2016 : 10:35:42 sp0251 Narrative: LR251 05/07/2016 : 10:35:35 sp0251 Narrative: CC 2 VEHS, BLKING, RP IN A TAHOE OTHER VEH IS PU , NON INJ



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 2016 - 86/8

VICTIM WITNESS	NON-DISCLOSURE
NAME (LAST, FIRST, MIDDLE RACE ETHNICITY SEX D.O.B. AGE	HGT WGT HAIR EYES
Moro Shawn David C W M 10/11/62 53	5'5" 160 Blad Blue
STREET ADDRESS	STATE 78258
12220 127th Lue NE Lake Stevens WA98258 Lake Stevens	
HOME PHONE 360-657-0606 CELL PHONE 425-327-8696 360-65	7-0606
EMAIL ADDRESS (OPTIONAL) PLACE OF E	MPLOYMENT
Shawns hangar @ MSN, Com Self	,
STATEMENT:	
I was heading east on AWY 92 at	Callow Road
SAW a Blue Shourolet Pickup With Brake	5 Lockedup
Smoke Coming out of his tires Coming -	towards us
Very fast and into our Lane, I Steere	d to the Right
Shoulder to avoid getting hit head on	and the
Prokup Clipped My Drivers side Migror an	rel Struck
	ending.
us into a 5Din 180° and I Locked	UP MY Brakes
going Back words and me stopped in the	ne Road
July 1	
	-
^ ·	
I CERTIFY (OR DECLARE) UNDER PENALTY OF PURJURY UNDER THE STATE OF WASHINGTON THAT THE FOREG	OING IS TRUE AND CORRECT
SIGNATURE:	DATE SIGNED:
OFFICER/NUMBER:	DATE SIGNED:
OFFICER/NUMBER: SKILROY / 132	5/7/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURINGJUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE,
HEALTHY, AND PROSPEROUS COMMUNITY"

Page ____ OF ____



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 2016-0000 8618

VICTIM WITNESS	NON-DISCLOSURE
NAME (LAST, FIRST, MIDDLE STREET ADDRESS CITY HOME PHONE 360-631-5655 EMAIL ADDRESS (OPTIONAL)	12/68/47 5/16 180 BAN HZ
STATEMENT:	
Driving West Bound ON 92 the Car in f	ront of the car
in Front of my was making a Lift year	ion Callow Ro
the Cor In Wont Of Me Alt The Bro	les pretty Harro
E hit my Brakes and the KEAR?	END got LOOSE
a like Skin and Crossed We	Cocrected out
If vecile apone FastBourd and	12 My Rome Risk
Struck his Road Read Left Tire	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
g.	
	-
I CERTIFY (OR DECLARE) UNDER PENALTY OF PURJURY UNDER THE STATE OF WASHINGTON THA	AT THE FOREGOING IS TRUE AND CORRECT
SIGNATURE:	DATE SIGNED:
OFFICER/NUMBER:	DATE SIGNED:
OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURINGJUSTICE AND GU HEALTHY, AND PROSPEROUS COMMUNITY"	\ \
	Page\ OF\

16-00008618, 050716 COLLISION REPORT

	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1501071	1 0 7 27	
	INTERSTATE CITY STREET FIRE CITY STREET CASE # 2016-0008618	2	
1 1	STATE ROUTE OTHER STOLEN LOCAL AGENCY CODING	3	
2 1	TRIBAL INVOLVED INVOLVED O2 OBJECT UNITS 02 STRUCK	1 8 28	
3 1	RESERVATION	2	
	DATE OF COLLISION 05 - 07 - 2016 1033 31 S W OF W 0664	3	
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO.		
4a	MILE POST 10900	0 1 29	
5	DISTANCE OF (REFERENCE OR CROSS STREET) OF (REFERENCE OR CROSS STREET) OF (REFERENCE OR CROSS STREET)		
	UNIT 01 MOTOR VEHICLE PEDAL- CYCLE DAMAGE THRESHOLD MET YES NO V D: 3606315655	0 1 30	
6 1	LAST NAME WHITE FIRST NAME MATTHEW MIDDLE INITIAL D		
	STREET NEW ADDRESS 20800 57TH PL NE		
7	CITY GRANITE FALLS ST WA ZIP 982529424	1 1 2 31	
8	CDL RESTRICTIONS ENDORSEMENTS L	2	
9 9	DRIVER'S LICENSE # WHITEMD32402 STATE WA SEX M D.O.B. MDDYYYY 09 _ 22 _ 1968	3	
10 9	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY 1 NATURE OF INJURIES	1 2 32	
11 5 5	LICENSE PLATE # C64203E STATE WA VIN# CCL247F420935	2	
12 5 5	TRAILER PLATE # STATE TRAILER PLATE # STATE	3	
13 4	VEH. YEAR 1977 MAKE CHEV MODEL PU STYLE PK VEHICLE TOWED YES NO TOWED BY REGISTERED OWNER INFO. MATTHEW WHITE PO BOX 1758 GRANITE FALLS WA 98252 VEHICLE NO. 1	3 7 33	
14 4	SHADE IN DAMAGED AREA LIABILITY INSURANCE INSURANCE CO & POLICY # 910P 9 TOP 9 TOP	7 3 34	
15 2	VEHICLE VES NO CITATION # CHARGE CHAR	4 35	
16 2	UNIT 02 VEHICLE V CYCLE PEDESTRIAN OWNER VES NO	4 36	
	LAST NAME INITIAL	37	
17	NEW ADDRESS 12220 12/1H AVE NE	38	
18	CITY LAKE STEVENS ST WA ZIP 982588313	39	
19	LIABILITY INSURANCE INSURANCE IN STREET INSURANCE IN STREET IN SURANCE IN SUR		
20	LICENSE # SEA MMDDYYYY		
21	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY 7 NATURE OF INJURIES NECK		
22	LICENSE PLATE # AQH1088 STATE WA VIN# 1GNEK13R5TJ381396		
23	TRAILER PLATE # STATE STATE STATE	41	
24	VEH. YEAR 1996 MAKE CHEV MODEL TAHOE STYLE UT VEHICLE TOWED YES NO TOWED BY REGISTERED OWNER INFO. SHAWN MORO 12220 127TH AVE NE LAKE STEVENS WA 98258 VEHICLE NO. 2	42	
	SHADE IN DAMAGED AREA LIABILITY INSURANCE IN BY AND INSURANCE CO UNIGARD INSURANCE 0010167286 8 POLICY # 150 POLICY # 15		
25	VEHICLE YES NO CITATION # CHARGE CHARGE CHARGE		
26	OFFICER'S NAME (PRINT) J. KILROY #0132 BADGE OR ID # #0132 AGENCY WA0311900		
	PART A 3000-345-159 R (7/06)		





CORRECTION

REPORT NO.

E541013

9	19	72	!	

CASE # 2016-0008618

NAME (LAST, FIRST, MIDDLE IN	IITIAI)	ADDI	TIONAL	_ PERSONS INVOL	.VED (PASSEN	GERS AND	OR WITNE	ESSES ONLY)		
ADDRESS & PHONE #	illing.						SEX	D.O.B. MMDDYYYY		
PASSENGER W	ITNESS UNIT #		SEAT POS.	AIRBAG	RESTR.	EJECT	HEL	MET INJURY	NATURE OF IN.	URIES
NAME (LAST, FIRST, MIDDLE IN	JITIAI)									
ADDRESS & PHONE #							SEX	D.O.B. MMDDYYYY		
PASSENGER W	ITNESS UNIT #		SEAT POS.	AIRBAG	RESTR.	EJECT	HEL	MET INJURY	NATURE OF IN.	URIES
NAME			100.					SE OBAGO		
(LAST, FIRST, MIDDLE IN ADDRESS & PHONE #	IIIIAL)						SEX	D.O.B.		
PASSENGER W	ITNESS UNIT #		SEAT	AIRBAG	RESTR.	EJECT	HEL	MMDDYYYY MET INJURY	NATURE OF IN.	URIES
TAGENGEN			POS.				US	SE CLASS		
Unit 1 wa	s traveling w	est on	SR 9		NARRATIN w Rd Ur		s trave	eling east c	n SR 92 nes	r Callow
				ront of him s						
				nd went over						
around in	the opposite	direct	ion.				_			•
Unit 1 wa	s at fault due	to foll	owin	g too close.						
Both units were driven from the scene.										
CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)										
J. KILROY #0132 NVESTIGATING OFFI			UNI	T OR DIST. DET		16 05:25 PN	1	PLACE SIGNED		
APPROVED BY SGT. C. VALVICK	0071						DATE 5/7/	/2016 6:25:00 PM		
	#0132	ORI#	WAO:	311900		TIME POLICE I	DISPATCHED	10:36 AM	TIME POLICE ARRIVED	10-41 AM

REPORT NO. E541013 **CASE #** 2016-0008618

DATE AND TIME 05/07/16 10:33



